

## FAW/FSP Q&A

**Q1:** The FAW's main focus is working with the child on behaviors, social skills, mentoring, etc., and collateral contacts that are treatment and developmentally appropriate are billable; however, where is the line drawn with respect to working with the family? Are meetings with the parent to review techniques for redirection etc. billable as collateral, or does the child need to be present and therefore the parent learn from observing the FAW interacting with the child?

**A1:** While it is the intent for the Family Assistant Worker (FAW) to work with the identified child, it is unrealistic and may be at times detrimental to the child's overall treatment/support to think that no communication with the parent(s), or legal guardian will occur. There are going to be times when the worker has to communicate with the child and parent for updates, continuity of care, and recommendations for changes/support in the child's care. In the instances where the FAW needs to talk with child and parent, it can be billed to FAW, and the documentation should reflect how the interaction with the parent directly impacts the FAW's work with the child. Contact with the parent is considered collateral contact.

If the parent has a need for support/education/empowerment, the FAW should make a referral to a Family Support Worker (FSP). In the case where a parent needs skill development, it is better to bring in the identified community support worker assigned to the child for this kind of intervention. Obviously this identified need would be brought up in the family support team meeting so the team could identify the best forum for teaching the skills (e.g. therapist in the office and/or the CSW in the home).

**Q2:** Almost the same question as the first, however this has to do with the FSP. Are they able to bill for directly coaching or redirecting the child with the parent present, or only to coach the parent in the intervention? At times, especially when the child is acting up in front of the FSP, I think that the guidelines are vague.

**A2:** It is not the role of the FSP to teach the parent various parenting skills. This would more appropriately describe the role of the Community Support Specialist. The FSP can certainly reinforce the skills while they are in the home. I would recommend that you consult with LuAnn Reece regarding the role of the FSP. She could participate by phone or sit in on one of your staff meetings to try to answer various questions about the role differential between the FSP, FAW and Community Support Specialist. LuAnn's email address is:  
[LuAnn.Reece@dmh.mo.gov](mailto:LuAnn.Reece@dmh.mo.gov)

See also the document attached that outlines the role of the FSW, FAW and Community Support Specialist/case manager.

**Q3:** If the FSP and CSS; or FSP and FAW communicate about the consumer/parent issues, can either person bill, or is this considered treatment planning? (I am referencing a FAQ about 2 different CSSs working with siblings being able to bill for communicating if it meets the TCM

guidelines of service plan or facilitating communication.) **However this would be for TCM or CPR using collateral billing.**

**A3:** Here is some guidance on the issue of the CSS billing when communicating with other staff.

- The FAQ: <http://dmh.mo.gov/docs/mentalillness/billinginstrucsQA.pdf>
- The memo forwarded by Tom Rehak on 12/23/09:  
<http://dmh.mo.gov/docs/mentalillness/cprbillinginstruc.pdf>

The CSS may bill for phone calls and formal face-to-face meetings for the purpose of care coordination with staff within their own organization who are also providing services to the client which would be inclusive of the CSS communicating with the FSP and FAW. This may include making referrals to these programs and services within their agency. The CSS's time updating the FSP and FAW (e.g. crisis call that occurred) would be billable for the CSS to community support. Time spent in routine CPR treatment team staffing is not billable, nor is time developing and/or reviewing the treatment plan.

In the above scenario, where the CSS is updating the FSP and or FAW, the respective FSP and FAW can bill their own specific fund codes for their interaction with the CSS.

**Q4:** Is the time spent **traveling to** the consumer or family billable, as it is for CSS's?

**A4:** The FSP is able to bill travel time, but Family Assistance Worker is not.

**Q5:** Can the FAW/FSP bill for the IEP meetings if the parent and child are present? The CSS would bill collateral for this service, therefore the FAW would bill f-f for the child; and the FSP would bill for support and coaching the parent.

**A5:** Yes

**Q6:** In the FAQ it states that CPR/MAINT **cannot** have an FSP or FAW as they are in the program due to achieving recovery and are no longer in need of more direct services. Is this still true?

**A6:** If you look on CIMOR at the report entitled "CPS CPR/TCM Procedure Codes, Rates and Levels" you will be able to see what is capable of being billed per CPR level. FSP is able to be billed at Maintenance level while FAW is not.

**Q7:** There was some misunderstanding in our children's department regarding the level of service to place a child in when they were hospitalized or placed in residential (Spoffard, for example). Instead of placing the child in TCM for residential and remaining in the same program when hospitalized, they had placed the consumer in the CPR MAINT program.

**A7:** Reference questions 3 and 4 on:  
<http://dmh.mo.gov/docs/mentalillness/billinginstrucsQA.pdf>

**Q8:** I am aware that the FSP is able to continue to provide support and guidance to the parents of consumers in the CPR REHAB program when the child is in the hospital; however my

concern is whether the billings need to be remitted, due to the consumer being in the Maintenance program? (In either situation.)

**A8:** Reference questions 3 and 4 on <http://dmh.mo.gov/docs/mentalillness/billinginstrucsQA.pdf>

**Q9:** Can FAW and FSP services be provided to consumer's that are in the **TCM** program?

**A9:** Yes, but you would bill it to POS, or general revenue since they are not enrolled in CPR.

**Q10:** The FAQ stated that a CSS could bill during a therapy session if a specific skill is being taught. Is this still true and is this also true for the FAW?

**A10:** The treatment plan and or progress note has to justify the medical necessity of why the CSS would need to attend the therapy session. Simply to sit in for informational purposes or 'assist' is not sufficient to justify medical necessity. The FAW is able to bill CPR for their time in a therapy session if there is clear medical necessity for doing so.

**Q11:** Can the FAW or CSS bill during a crisis screening if they are needed to provide information or to provide direct support to the child during the screening? Would this be direct time or collateral for a CPR consumer?

**A11:** If the FAW was providing a direct service to the child during the crisis screening, they could bill for this time.